

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

530778

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED		NUMBER EXTRA
BASIC FEE			
TOTAL CLAIMS	29	34	minus 20 = * 5
INDEPENDENT CLAIMS	2	7	minus 3 = * 5
MULTIPLE DEPENDENT CLAIM PRESENT			

RATE	FEE
	365.00
x\$11=	
x38=	
+120=	
TOTAL	

RATE	FEE
	730.00
x\$22=	110
x76=	380
+240=	
TOTAL	1220

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x76=	
+240=	
TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x76=	
+240=	
TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x38=	
+120=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	
x76=	
+240=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10-20-95

2 Serial/Patent # 08/ 530 778

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing			\$ 122.00
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 122.00

8 TO BE REFUNDED BY:

10 REASON:

- ☒ Overpayment
- ☐ Duplicate Payment
- ☐ No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9 

0	5	--	1	3	2	3
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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Carmenita Robinson

TITLE: Legal En

SIGNATURE: Carmenita Robinson

PHONE: 308-1172

OFFICE: ONAR

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: K. Kemp

DATE: 10/31/95

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

10/30/95

ID	MO	THE NAME OF ACCOUNT	C-NBR	MLDTE	CLDTE	F-I	\$ AMOUNT
6	300	1 08530778	00161	950919	951004	109	1,342.00

NO MORE TRANSACTIONS

END OF YOUR QUERY